

### **Spouse Emergency Data Sheet**

Included is a sample Spouse Emergency Data Sheet. We ask that all spouses complete this Emergency Data Sheet. It is to be returned directly to the CO and **kept sealed/secured** until required for use in the event of a mishap or other emergency. It includes information about family and pets and directions to the family's home. Unlike the Service member's Record of Emergency Data, this is information provided by the spouse to assist unit personnel in resolving issues that may arise. The forms must be held strictly confidential because of the personal nature of the information. If no unit personnel stay behind during the deployment, the senior command addressing family readiness issues on behalf of the unit commander should secure the forms.

Please provide the following Privacy Act Notice to spouses when requesting completion of the Spouse Emergency Data Sheet.

#### **PRIVACY ACT STATEMENT**

**AUTHORITY:** PRIVACY ACT OF 1974 (5 U.S.C. § 552a); 10 U.S.C. § 5042.

**PRINCIPAL PURPOSE:** TO OBTAIN INFORMATION TO ASSIST U.S. MARINE CORPS COMMANDERS, FAMILY READINESS OFFICERS AND OTHER UNIT FAMILY READINESS PERSONNEL, AND INDIVIDUAL SERVICE MEMBERS AND THEIR FAMILY MEMBERS TO BETTER PREPARE FOR UPCOMING UNIT DEPLOYMENTS.

**ROUTINE USE:** INFORMATION PROVIDED IS CONFIDENTIAL. IT WILL BE USED BY COMMANDERS, FAMILY READINESS OFFICERS AND OTHER UNIT FAMILY READINESS PERSONNEL TO LOCATE AND ASSIST FAMILY MEMBERS IN THE EVENT OF A MISHAP OR OTHER EMERGENCY DURING DEPLOYMENT. THE FORMS WILL BE RETURNED TO INDIVIDUAL SERVICE MEMBERS AND THEIR FAMILY MEMBERS AFTER POST-DEPLOYMENT OR TRANSFER FROM THE DEPLOYING UNIT OR THEY WILL BE DESTROYED.

**DISCLOSURE:** YOUR DISCLOSURE OF THE REQUESTED INFORMATION IS VOLUNTARY, HOWEVER, FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY MAKE IT MORE DIFFICULT FOR YOU TO BE LOCATED AND ASSISTED IN THE EVENT OF A MISHAP OR OTHER EMERGENCY.

# Spouse Emergency Data Sheet

<b>SPOUSE EMERGENCY DATA SHEET</b>		<b>TODAY'S DATE:</b>
Your Name:		
Home Phone:		
Address:		
City, State, Zip:		
Your Employer and Address:		
Work phone:		Work Days:
Work Hours:		
Volunteer organizations you work with, their phone numbers and the days/hours you volunteer:		
<b>CHILDREN</b>		
Name:	DOB:	School:
Name:	DOB:	School:
Name:	DOB:	School:
Name:	DOB:	School:
Who is authorized to pick up your children?		
Name:		Phone:
Address:		
Do they have power of attorney if your child needs medical treatment?		
YES:		
NO:		
Sitter's Name:		Phone:
Doctor's Name:		Phone:

Spouses Name / Rank:	
Specific office/ workplace	SSN:
<b>IN CASE OF EMERGENCY INVOLVING YOUR SPOUSE</b> (No one will be notified of an incident with your spouse until after the Marine Corps has official notified you)(Individuals below would be notified upon your request)	
Name of a friend or relative that you would like to have with you after a notification of an incident with your spouse:	
Name:	Phone:
Would you like a clergyman notified: Yes: No: If so who:	
Do you want your parents notified?	Yes: No: By Whom:
In order of preference, please list local friends you would like notified.	
Would you want these people notified, personally? Yes: No:	
Name #1:	Phone:
Address:	
Name #2:	Phone:
Address:	
Name #3:	Phone:
Address:	
In case of an emergency involving your spouse, please give us any information you think might be relevant.	
In order of preference, who should care for your children? (If name, address and phone number were not listed earlier in this form, please include this information. Also, please indicate if these people have power of attorney for medical treatment.)	

Are these people aware you have given their names to care for your children?    Yes:			No:		
Do you have any pets that need to be cared for if something were to happen to you or your spouse?		Yes:		Pet's name:	
		No:			
Please indicate who you would like to care for your pet.					
Name:				Phone:	
Address:					
Is the pet on any medications?                  No:                                  Yes:					
If yes, give details:					
Any special instructions for feeding, walking, etc.					
I give my permission allowing the Key Volunteer Coordinator or the Key Volunteer Advisor to utilize this information should an emergency occur involving my spouse or involving myself when my spouse is away.					
Signature:				Date:	
<b>YOUR PARENTS OR CLOSEST RELATIVE</b>					
Name #1:				Relationship:	
Address:				Home phone:	
City, State, Zip				Work phone:	
Name #2:				Relationship:	
Address:				Home phone:	
City, State, Zip				Work phone:	
<b>SPOUSE'S PARENTS OR CLOSEST RELATIVE</b>					
Name #1:				Relationship:	
Address:				Home phone:	
City, State, Zip				Work phone:	

Name #2:		Relationship:
Address:		Home phone:
City, State, Zip		Work phone:
<b>FRIEND IN AREA WHO KNOWS YOUR DAILY ROUTINE</b>		
Name:		Phone:
Address:		
City, State, Zip		

<b>ADDITIONAL INFORMATION</b>
Special needs, health problems involving you, your spouse or your children, allergies, pregnant, etc.
<b>WRITE DIRECTIONS OR DRAW DETAILED MAP</b>
In the space provided below, give clear directions to your house so that we can find you in case of an emergency.